

OFFICIAL

Revision: HCFA-PM-91- 4 (BPD)
AUGUST 1991

OMB No.: 0938-

State/Territory: CONNECTICUTCitation 4.19 Payment for Services

42 CFR 447.252 (a) The Medicaid agency meets the requirements of
1902(a)(13) 42 CFR Part 447, Subpart C, and sections
and 1923 of 1902(a)(13) and 1923 of the Act with respect to
the Act payment for inpatient hospital services.

ATTACHMENT 4.19-A describes the methods and
standards used to determine rates for payment for
inpatient hospital services.

☒ Inappropriate level of care days are covered and
are paid under the State plan at lower rates than
other inpatient hospital services, reflecting the
level of care actually received, in a manner
consistent with section 1861(v)(1)(G) of the Act.

☐ Inappropriate level of care days are not covered.

TN No. 91-15Supersedes 87-57

TN No.

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State/Territory: CONNECTICUT

Citation

42 CFR 447.201

42 CFR 447.302

52 FR 28648

1902(a)(13)(E)

1903(a)(1) and

(n), 1920, and

1926 of the Act

4.19(b) In addition to the services specified in paragraphs 4.19(a), (d), (k), (l), and (m), the Medicaid agency meets the following requirements:

- (1) Section 1902(a)(13)(E) of the Act regarding payment for services furnished by Federally qualified health centers (FQHCs) under section 1905(a)(2)(C) of the Act. The agency meets the requirements of section 6303 of the State Medicaid Manual (HCFA-Pub. 45-6) regarding payment for FQHC services. ATTACHMENT 4.19-B describes the method of payment and how the agency determines the reasonable costs of the services (for example, cost-reports, cost or budget reviews, or sample surveys).
- (2) Sections 1902(a)(13)(E) and 1926 of the Act, and 42 CFR Part 447, Subpart D, with respect to payment for all other types of ambulatory services provided by rural health clinics under the plan.

ATTACHMENT 4.19-B describes the methods and standards used for the payment of each of these services except for inpatient hospital, nursing facility services and services in intermediate care facilities for the mentally retarded that are described in other attachments.

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Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Connecticut

Citation
42 CFR 447.40
AT-78-90

4.19(c) Payment is made to reserve a bed during
a recipient's temporary absence from an
inpatient facility.

☒ Yes. The State's policy is
described in ATTACHMENT 4.19-C.

☐ No.

TN # 84-57

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TN #

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State/Territory: CONNECTICUT

Citation

4.19 (d)

42 CFR 447.252
47 FR 47964
48 FR 56046
42 CFR 447.280
47 FR 31518
52 FR 28141

- ☒ (1) The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart C, with respect to payments for skilled nursing and intermediate care facility services.

ATTACHMENT 4.19-D describes the methods and standards used to determine rates for payment for skilled nursing and intermediate care facility services.

- (2) The Medicaid agency provides payment for routine skilled nursing facility services furnished by a swing-bed hospital.

☐ At the average rate per patient day paid to SNFs for routine services furnished during the previous calendar year.

☐ At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.

☒ Not applicable. The agency does not provide payment for SNF services to a swing-bed hospital.

- (3) The Medicaid agency provides payment for routine intermediate care facility services furnished by a swing-bed hospital.

☐ At the average rate per patient day paid to ICFs, other than ICFs for the mentally retarded, for routine services furnished during the previous calendar year.

☐ At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.

☒ Not applicable. The agency does not provide payment for ICF services to a swing-bed hospital.

- ☐ (4) Section 4.19(d)(1) of this plan is not applicable with respect to intermediate care facility services; such services are not provided under this State plan.

TN No. 87-61
Supersedes
TN No. 84-51

Approval Date 16 DEC 1987

Effective Date 7-1-87

HCFA ID: 1010P/0012P

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State CONNECTICUT

Citation
42 CFR 447.45 (c)
AT-79-50

4.19 (e) The Medicaid agency meets all requirements of 42 CFR 447.45 for timely payment of claims.

ATTACHMENT 4.19-E specifies, for each type of service, the definition of a claim for purposes of meeting these requirements.

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62

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MARCH 1987

OMB No.: 0938-0193

State/Territory: CONNECTICUT

Citation
42 CFR 447.15
AT-78-90
AT-80-34
48 FR 5730

4.19 (f) The Medicaid agency limits participation to providers who meet the requirements of 42 CFR 447.15.

No provider participating under this plan may deny services to any individual eligible under the plan on account of the individual's inability to pay a cost sharing amount imposed by the plan in accordance with 42 CFR 431.55(g) and 447.53. This service guarantee does not apply to an individual who is able to pay, nor does an individual's inability to pay eliminate his or her liability for the cost sharing charge.

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TN No.

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HCFA ID: 1010P/0012P

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State CONNECTICUT

Citation

42 CFR 447.201

42 CFR 447.202

AT-78-90

4.19(g) The Medicaid agency assures appropriate audit of records when payment is based on costs of services or on a fee plus cost of materials.

TN #

78-5

Supersedes

Approval Date

2/16/79

Effective Date

1/1/74

TN #

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State CONNECTICUT

Citation	4.19 (h)	The Medicaid agency meets the requirements
42 CFR 447.201		of 42 CFR 446.203 for documentation and
42 CFR 447.203		availability of payment rates.
AT-78-90		

TN # 78-5
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TN # _____

Approval Date 2/16/79

Effective Date 1/1/74

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State CONNECTICUT

Citation

42 CFR 447.201
42 CFR 447.204
AT-78-90

4.19(i) The Medicaid agency's payments are sufficient to enlist enough providers so that services under the plan are available to recipients at least to the extent that those services are available to the general population.

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State: CONNECTICUT

Citation

42 CFR 447.201 and 447.205	4.19(j)	The Medicaid agency meets the requirements of 42 CFR 447.205 for public notice of any changes in Statewide method or standards for setting payment rates.
1903(v) of the Act	(k)	The Medicaid agency meets the requirements of section 1903(v) of the Act with respect to payment for medical assistance furnished to an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law. Payment is made only for care and services that are necessary for the treatment of an emergency medical condition, as defined in section 1903(v) of the Act.

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HCFA-PM-94-8 (MB)
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State/Territory: Connecticut

Citation

4.19 (m) Medicaid Reimbursement for Administration
of Vaccines under the Pediatric
Immunization Program

1928(c)(2) (i) A provider may impose a charge for the
(C)(ii) of administration of a qualified pediatric vaccine
the Act as stated in 1928(c)(2)(C)(ii) of the Act. Within
this overall provision, Medicaid reimbursement to
providers will be administered as follows.

(ii) The State:

— sets a payment rate at the level of the
regional maximum established by the DHHS
Secretary.

— is a Universal Purchase State and sets a
payment rate at the level of the regional
maximum established in accordance with State
law.

— sets a payment rate below the level of the
regional maximum established by the DHHS
Secretary.

x is a Universal Purchase State and sets a
payment rate below the level of the regional
maximum established by the Universal
Purchase State.

The State pays the following rate for the
administration of a vaccine:

\$2.00 per immunization

1926 of (iii) Medicaid beneficiary access to immunizations is
the Act assured through the following methodology:

Continued on next page

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Supersedes

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66(c)

Revision: HCFA-PM-94-8(MB)
October 1994

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: CONNECTICUT

Vaccines for Children Assurances

The data to prove that equal access exists are not available, and we do not expect them to be available by April 1, 1995. The most important problems are 1) we are not aware of any good data on vaccination in the general population and 2) Most vaccinations for the Medicaid population are provided as a component of clinical encounter codes billed by at FQHC's, other clinics, and hospital outpatient departments. Data on vaccinations are therefore not available from Medicaid claims.

Connecticut's methodology for satisfying the assurances requirement will include, but may not be limited to, the following:

1. Connecticut is a universal purchase state as defined in the instructions from HCFA for submitting this amendment.

2. The following efforts are under way to improve access for Medicaid clients:

i. Enrollment of AFDC and related recipients in managed care will begin in July 1995, and will eventually include approximately 97% of Medicaid recipients under 21. DSS will require managed care plans to provide and track all vaccinations for enrolled children.

ii. We will describe the activities and impact of the Hartford Health Track project, and plans for replicating it at other locations.

iii. We will describe the planned activities of the regional Health Track councils which were recently created.

TM No. 94-020

Supersedes

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